



Montana Department of
LABOR & INDUSTRY
Employment Relations Division

FOR BOARD USE ONLY

BOARD OF PERSONNEL APPEALS

CASE NO. _____

DATE FILED _____

JOINT REQUEST FOR ASSISTANCE

INSTRUCTIONS: This form must be completed in its entirety. Please print or type. If more space is required for any item, attach additional sheets and number items accordingly. Submit original form to:
BOARD OF PERSONNEL APPEALS, PO BOX 201503, HELENA, MT, 59620-1503.

1. RECOGNIZED or CERTIFIED LABOR ORGANIZATION AND AUTHORIZED REPRESENTATIVE:

(Contact Information: Name, Mailing Address, Telephone Number & Email Address)

2. AFFILIATION: (Parent/National Organization, if any)

3. NAME of PUBLIC EMPLOYER: (Contact Name, Mailing Address, Telephone Number and Email Address)

4. DESCRIPTION of UNIT:

5. DESCRIPTION OF ISSUE (subject of request): (Detailed description, attach additional sheets if necessary)

6. TYPE OF ASSISTANCE REQUESTED: (mediation, facilitation, training, fact finding or arbitration)

7. Signatures of:

AUTHORIZED REPRESENTATIVE

PUBLIC EMPLOYER